

09/786828

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          | 6.     | 3-31-01 |
| FORMALITY REVIEW          |          |        |         |
| RESPONSE FORMALITY REVIEW |          |        |         |

## INDEX OF CLAIMS

✓ Rejected N Non-elected  
 = Allowed I Interference  
 - (Through numeral) Canceled A Appeal  
 -+ Restricted O Objected

| Claim | Date     |
|-------|----------|
| 1     | Final    |
| 1     | Original |
| 2     | 1/1/11   |
| 3     | 3/1/11   |
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| 47    | 11/1/14  |
| 48    | 12/1/14  |
| 49    | 1/1/15   |
| 50    | 2/1/15   |

| Claim | Date |
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| Claim | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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